



Program Name: _____

Program Location: _____

PARTICIPANT INFORMATION FORM

(for self-regulated camps and general recreational programs)

You must fill out both sides of this form and bring it with you on the first day of the activity.

(Please Print)

Participant Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Grade entering in fall: _____

Email Address: _____

Individual(s) to be contacted in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Person (other than parent) authorized to pick up participant:

Name: _____ Relationship to participant: _____

Home phone: _____ Cell phone: _____

Are there any custody issues we should be aware of? ☐ No ☐ Yes (if yes, attach a copy of court order)

Health issues and special accommodations:

Are there any health concerns that our Staff should be aware of? (asthma, allergies, hypoglycemia, seizure disorder, etc.) ☐ No ☐ Yes, if yes, please specify: _____

What symptoms would your child exhibit? _____

Requested actions to be taken by staff: _____

Health issues and special accommodations:

Please indicate any of the following health problems or disability; please check all that apply:

- ☐ Deaf / hard of hearing ☐ Vision impairment
☐ Seizures ☐ Uses mobility aids (i.e. wheelchair, braces, etc.)
☐ Development disability (i.e. autism, intellectual, etc.)
☐ Other (i.e. behavioral / emotional disorder, etc.) _____

Please explain any specific health issues or accommodations needed to participate in program:

- ☐ Inclusion Companion ☐ Deaf interpretive services
☐ Other (please specify) _____

MEDICATION:

Is the participant taking any medication? ☐No ☐Yes

Will participant need to take medication during program hours? ☐No ☐Yes

If yes, please complete and attach a Medication Order Form.

(available from the HCRP office or online <http://howardcountymd.gov/rap/rapdocs/medicationform.pdf>)

SUNSCREEN is considered a topical medication.

Parents wishing their child to apply sunscreen at camp, complete information below:

Brand of Sunscreen: _____

Specific directions for application: _____

INFORMATION REQUIRED BY STATE REGULATIONS (for Summer Camps only):

Child's School: _____ ☐ MD Public/Private School ☐ Other

My child's immunizations are up to date. ☐No ☐Yes

Date of last tetanus: _____ ☐ Don't Know

Participant's Primary Physician: _____ Physician's Phone: _____

I UNDERSTAND:

1. By registering for this program, I verify that my child's immunizations are up to date.
2. That there are inherent dangers in any recreational activity or program.
3. That I must be aware of the hazards associated with each activity, such as use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries related to this activity.
4. I must read and understand all written material, which has been provided by the Howard County Department of Recreation and Parks.
5. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
6. That the possible consequences of participating in these activities include the possibility of serious injury.

I AGREE ON BEHALF OF MY CHILD:

1. To obey the rules and regulations for each activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situation that I may observe.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used, I will ask a staff member prior to beginning that activity.
4. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in any activities.

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the program to have you or your child transported to that hospital.

Parent/Guardian Signature: _____

Date: _____